MAXIMUS Federal Services

Case Number:	CM13-0007565		
Date Assigned:	03/24/2014	Date of Injury:	03/04/2011
Decision Date:	05/14/2014	UR Denial Date:	07/24/2013
Priority:	Standard	Application Received:	08/02/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation, has a subspecialty in Interventional Spine and is licensed to practice in California. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a 68 year-old female who was injured on 3/4/11. She has been diagnosed with knee pain; hip pain; low back pain and sacroiliac pain. According to the 7/17/13 from [redacted], the patient presents with 5/10 low back pain radiating down the right leg, and 4/10 right knee pain. She uses a cane to ambulate and has history of right knee meniscal surgery in 2011, and again on 1/7/13. [redacted] reports the patient has not had medications authorized and has noticed more pain without her medications. On 7/23/13, UR recommended non-certification for a pain management psychologist consult/evaluation; use of Lidoderm patches; use of Norco; use of Colace.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

1 REFERRAL TO PAIN MANAGEMENT PSYCHOLOGIST FOR CONSULT/EVALUATION BETWEEN 7/17/13 AND 9/17/13: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 100-101.

Decision rationale: The patient presents with chronic low back and knee pain. I have been asked to review for a psych evaluation. MTUS states psychological evaluations are: "Recommended. Psychological evaluations are generally accepted, well-established diagnostic procedures not only with selected use in pain problems, but also with more widespread use in chronic pain populations." The request is in accordance with MTUS guidelines

LIDODERM 5% PATCHES (700MG/PATCH) #60 BETWEEN 7/17/13 AND 9/17/13: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lidoderm (lidocaine patch), Topical Analgesics, and Pain Outcomes and Endpoints Page(s): 56-57,.

Decision rationale: The patient presents with chronic low back and knee pain. The records show the patient has been using the Lidoderm patches at least since 2/27/13. The reports from [redacted] including the 2/27/13, 3/27/13, 4/24/13, 5/22/13, 6/19/13 and 7/17/13 do not discuss efficacy of the medications or patches. MTUS on page 9 states, "All therapies are focused on the goal of functional restoration rather than merely the elimination of pain and assessment of treatment efficacy is accomplished by reporting functional improvement," and on page 8 states, "When prescribing controlled substances for pain, satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life." There is no reporting on efficacy of the medications, the documentation does not support a satisfactory response. There is no mention of improved pain, or improved function or improved quality of life with the use of Lidoderm patches. MTUS does not recommend continuing treatment if there is not a satisfactory response.

30 NORCO 5/315MG BETWEEN 7/17/13 AND 9/17/13: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 8-9.

Decision rationale: The patient presents with chronic low back and knee pain. The records show the patient has been using the Lidoderm patches at least since 2/27/13. The reports from [redacted], including the 2/27/13, 3/27/13, 4/24/13, 5/22/13, 6/19/13 and 7/17/13 do not discuss efficacy of the medications or patches. MTUS on page 9 states, "All therapies are focused on the goal of functional restoration rather than merely the elimination of pain and assessment of treatment efficacy is accomplished by reporting functional improvement," and on page 8 states, "When prescribing controlled substances for pain, satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life." There is no reporting on efficacy of the medications, the documentation does not support a satisfactory response. There is no mention of improved pain, or improved function or improved

quality of life with the use of Norco. MTUS does not recommend continuing treatment if there is not a satisfactory response

1 PRESCRIPTION FOR AN UNKNOWN QUANTITY OF COLACE BETWEEN 7/17/13 AND 9/17/13: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 77.

Decision rationale: The patient presents with chronic low back and knee pain. The patient was prescribed Norco. Although Norco was not reported to be of benefit and the UR decision for denial was upheld, at the time Norco was prescribed, the physician prescribed Colace. MTUS states when initiating opioid therapy prophylactic treatment of constipation should be initiated. The Colace prescribed in July 2013 appears to have been in accordance with MTUS guidelines